Project Abstract

Opioid misuse in America has become a problem of epidemic proportions—killing 33,000 people in the U.S. in 2015. The opioid-related overdose death rate in New York is 15.1 per 100,000 persons, higher than the national average. In 2016, New York experienced 2,212 opioid overdose deaths, a 40% increase over the previous year. New York is the fifth highest state for overall drug overdose mortality—with 3,638 total drug overdose deaths in 2016. Most of New York State consists of vast areas of rural land. Fifty percent of New York's counties are classified as rural by the Census Bureau. Many of these rural regions have been ravaged by the opioid crisis and lack the resources to provide adequate evidence-based treatment.

To combat opioid use and prevent overdoses, the New York State Unified Court System seeks $932,634 under the Comprehensive Opioid Abuse Site-based Program, Category 2, to partner with the Center for Court Innovation and the New York State Office of Alcoholism and Substance Abuse Services ("OASAS") to implement the New York State Opioid Reduction Teleservices Program. The goals of this program are to: 1) expand access to evidence-based treatment interventions at three OASAS-licensed treatment facilities; 2) establish secure video connections at the treatment facilities so that individuals in residential treatment programs may appear remotely for court hearings and receive evidence-based judicial monitoring; and 3) enhance the state's groundbreaking opioid courts by remotely linking participants to medical professionals for evaluation and Medication-Assisted Treatment ("MAT").

Three pilot site treatment facilities will serve as the hubs for the proposed technology-assisted treatment projects: Samaritan Village (Ellenville), Phoenix Houses of Long Island, and Cazenovia Recovery Systems (Buffalo). These facilities provide services to the surrounding rural counties in which the opioid epidemic has left an indelible mark. The project partners will work with each site to improve technology infrastructure, identify service providers to deliver remote treatment and MAT, establish partnerships between the sites and rural opioid courts, and design and implement customized technology approaches that respond to the challenges of evidence-based service provision, judicial monitoring, and MAT induction in rural communities. Court system and Center researchers will conduct monitoring and evaluation activities to ensure ongoing project improvements. The Center will also develop training materials for the national field about using remote-technology to combat the opioid epidemic.

New York State is a current CDC Prevention for States grantee and does not currently receive SAMHSA funding.

PROGRAM NARRATIVE

The New York State Unified Court System, in partnership with the Center for Court Innovation ("Center") and the New York State Office of Alcoholism and Substance Abuse Services ("OASAS"), seeks $932,634 over 36 months to implement the *Opioid Reduction Teleservices Program*. This program has three major goals: 1) expand access to evidence-based treatment interventions at three OASAS-licensed treatment facilities; 2) establish secure video connections at the treatment facilities so that individuals in residential treatment programs may appear remotely for court hearings and receive evidence-based judicial monitoring; and 3) enhance the state's opioid courts by remotely linking participants to medical professionals for evaluation and Medication-Assisted Treatment ("MAT").

A. STATEMENT OF THE PROBLEM

Opioid misuse in America has become a problem of epidemic proportions. Opioids killed more than 33,000 people in 2015, more than any year on record. More than 12.5 million people reported misuse of prescribed opioid pain relievers in the past year. New York has not escaped the tragic impact of this crisis. The opioid-related overdose death rate in New York is 15.1 per 100,000 persons, higher than the national rate of 13.3.[1] In 2016, New York experienced 2,212 opioid overdose deaths according to the Centers for Disease Control and Prevention (CDC).[2] CDC also ranks New York as the fifth highest state for overall drug overdose mortality—with 3,638 total drug overdose deaths in 2016.[3] In response to the growing opioid public health crisis, Governor Andrew M. Cuomo convened the Heroin and Opioid Task Force in 2016 and charged the group with developing a comprehensive plan to fight the epidemic. The task force's report offered 25

[1] National Institute on Drug Abuse, New York Opioid Summary (2018) https://www.drugabuse.gov/drugs-abuse/opioids/opioid-summaries-by-state/new-york-opioid-summary
[2] Centers for Disease Control and Prevention, Drug Overdose Death Data (2017) https://www.cdc.gov/drugoverdose/data/statedeaths.html
[3] See footnote 2

recommendations, including measures to relieve the "severe shortage" of MAT professionals in rural areas of the state.

Outside of the New York City metropolitan area, most of New York State consists of vast areas of rural land. Fifty percent of New York's counties are considered to be "mostly rural" or "completely rural" by the United States Census Bureau.[4] Many of these rural regions have been ravaged by the opioid crisis and lack the resources to provide adequate evidence-based treatment. The project partners have identified three treatment facilities to serve as the hubs for the proposed technology-assisted treatment projects: Samaritan Village Inc. (Ellenville), Phoenix Houses (Long Island), and Cazenovia Recovery Systems (Buffalo). These facilities, like most major treatment centers, are located in populous counties but provide services to the surrounding rural counties in which the opioid epidemic has left an indelible mark. For example, rural Sullivan County, which is located about 30 miles east of Samaritan Village, suffers from the highest rate of opioid deaths in the state (26.7 per 100,000).[5] In addition to being situated in areas of significant need, the partners selected the pilot sites because they serve large numbers, meet regulatory requirements, have strong leadership, and offer quality residential and outpatient services. The proposed project would address three specific challenges related to meeting the needs of individuals with opioid use disorders, particularly those in rural areas:

Lack of evidence-based treatment interventions: New York is committed to maintaining a robust line of defense against the opioid crisis through its system of state-regulated treatment services. Much of this work is led by OASAS, which certifies treatment providers throughout the state. From 2010 to 2016, OASAS reported a significant increase in individuals treated for heroin

[4] United States Census Bureau, Geography, Urban and Rural https://www.census.gov/geo/reference/urban-rural.html
[5] New York State Department of Health, Overdose Deaths Involving Any Opioid (2018) https://www.health.ny.gov/statistics/opioid/data/d2.htm

and any opioids, from 75,047 to 90,538 and 95,932 to 106,624, respectively.[6] These OASAS-certified treatment providers utilize a range of interventions, from outpatient to intensive residential treatment. However, many of the evidence-based practices available to combat opioid use disorders—like trauma-specific interventions, Moral Reconation Therapy, Dialectical Behavior Therapy, and psychiatric services—are highly specialized, and OASAS treatment providers currently lack the capacity to offer them, especially in rural areas. The court system, the Center, and OASAS propose to build upon OASAS's growing tele-practice arm to establish a system of specialized treatment for opioid users at the three pilot site treatment centers. This component of the project is described in Goal #1 in the Program Design section.

Need for remote monitoring and support of court-involved clients: The opioid crisis has driven many addicts into the criminal justice system. The Bureau of Justice Statistics estimates that about half of all state and federal prisoners meet DSM criteria for drug abuse or dependence,[7] and data collected by the Office of National Drug Control Policy indicates that more than half of adult males tested positive for at least one illegal drug at the time of arrest.[8] Over the past twenty years, New York State has built a robust system of drug courts and, since 2017, opioid courts to respond to addiction in the justice system. Partnerships with OASAS treatment facilities lie at the heart of these programs. OASAS facilities accept many residential and outpatient treatment referrals from adult drug courts, including 1,828 referrals to the three proposed pilot sites in 2017. Decades of research have shown the effectiveness of the drug court model and refined the predictors of drug

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[6] OASAS, People Served for Opioids from 2010-2016 https://www.oasas.ny.gov/ODR/CD/PplAdmOpioids.cfm

[7] Drug Use, Dependence, and Abuse Among State Prisoners and Jail Inmates, 2007-2009; Bronson, Stroop, *Bureau of Justice Statistics*, Zimmer, Berzofsky, *RTI International* https://www.bjs.gov/content/pub/pdf/dudaspji0709.pdf

[8] Office of National Drug Control Policy (2014). 2013 Annual Report. Arrestee Drug Abuse Monitoring Program II. Washington, DC: Executive Office of the President https://obamawhitehouse.archives.gov/sites/default/files/ondcp/policy-and-research/adam_ii_2013_annual_report.pdf

court success.[9] Close judicial monitoring is perhaps the most important component of the drug court model. Research shows that drug court participants should appear before the judge for status hearings at least every two weeks, and that judges should spend a minimum of three minutes interacting with each participant in court.[10] Moreover, program success is driven by *meaningful* interaction with the participant, whereby the judge offers motivational feedback and encourages participants to explain their perspectives about their own treatment. Studies show that high-risk participants who appeared before the judge every two weeks had significantly better treatment attendance, abstinence, and graduation rates.[11]

Adhering to these best practices is challenging when a participant is in residential treatment. The long distances between courts and treatment facilities mean that attending court often requires patients to miss a whole day of treatment. Transporting patients to court is a significant strain on treatment resources, including staff time and cost of purchasing and maintaining transport vehicles. Moreover, the extremely addictive nature of opioids has led to an epidemic within an epidemic—individuals who spend the day outside of the treatment facility often find ways to acquire drugs and bring them back to the facility. To reduce these dangers, the court system, the Center, and OASAS propose piloting a system of remote judicial monitoring in which residential treatment patients can "appear" for their court hearing remotely via video. This component of the project is described in Goal #2 in the Program Design section.

Need for rapid medical evaluation and MAT: Technology also holds great promise for enhancing opioid courts, a novel adaptation of the typical adult drug court model. The New York state court system has led the field in the creation of opioid courts—starting the nation's first opioid

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[9] The Multisite Adult Drug Court Evaluation, Rossman, Zweig (2012) https://www.nadcp.org/sites/default/files/nadcp/Multisite%20Adult%20Drug%20Court%20Evaluation%20-%20NADCP.pdf

[10] http://www.nadcp.org/wp-content/uploads/2018/03/Best-Practice-Standards-Vol.-I.pdf

[11] *Ibid.*

court in Buffalo in 2017—and early results demonstrate that they are extremely effective at preventing overdose and death, linking participants to medically-supervised detox and early treatment, and ultimately transitioning participants to a drug court for longer-term treatment and supervision. The court system is committed to expanding this model. In early 2018, Chief Judge Janet DiFiore, in her State of The Judiciary address, called for a "Statewide Opioid Action Plan that incorporates the latest knowledge and best practices in this field to guide our courts, the broader justice system and the treatment community in fashioning more effective responses for defendants caught up in the deadly cycle of opioid abuse."

At the core of the opioid court model is the provision of MAT for all participants who need it. To facilitate MAT, opioid courts must engage the services of an on-call licensed medical professional who can assess arrestees rapidly, diagnose opioid dependence, and immediately link appropriate individuals to life-saving treatment. For rural populations, one of the barriers to recovery is a lack of MAT-trained physicians. The 2016 Heroin and Opioid Task Force report found that MAT is not utilized because practitioners are restricted by federal law from prescribing buprenorphine to more than 100 patients—a limit which the task force classified as outdated and arbitrary, and because only physicians, not nurse practitioners or physician assistants, are allowed to prescribe. In rural areas, these restrictions translate into a severe shortage of licensed physicians who can prescribe and monitor MAT. The project partners propose to identify a panel of MAT prescribers and leverage existing video-conferencing technology, which is available in all New York courthouses, to create links between three rural opioid courts and physicians who can prescribe and monitor MAT. This component of the project is described in Goal #3 in the Program Design section.

Although funding for drug court coordinator and case manager positions is a critical

component of the New York statewide drug court effort, federal funding is needed to adequately respond to the new demands placed on the system by the opioid crisis, especially in rural regions. In a period of severely diminishing resources, drug courts are limited to employing a single person who is responsible for a variety of functions including case management, program management, data collection, community engagement, and building capacity in evidence-based practices—often for more than one problem solving court. Although the proposed teleservices project will leverage the assistance of these coordinators and case managers, their extensive job duties leave them little time to engage in new activities such as planning and implementing new initiatives. Statewide administrators recognize the importance of judicial monitoring and improving access to evidence-based treatment interventions and MAT. Federal funds will enable the new project coordinator and other staff from the Center for Court Innovation to implement system-wide technological solutions in rural parts of New York where there are limited staffing resources.

B. PROJECT DESIGN AND IMPLEMENTATION

The court system, with the assistance of the Center for Court Innovation and OASAS, will implement the *Opioid Reduction Teleservices Initiative* to accomplish three goals: 1) expand access to trauma-informed treatment interventions, Moral Reconation Therapy, and other evidence-based treatment approaches at three OASAS-licensed treatment facilities; 2) establish secure video connections at three OASAS-licensed treatment facilities so that court-mandated individuals enrolled in residential treatment programs may appear remotely for court hearings; and 3) enhance New York State opioid courts by using technology to link participants to licensed medical professionals for immediate assessment and induction of MAT where appropriate.

To achieve these goals, a project coordinator will be hired to manage the day-to-day operations of the initiative, as described in the objectives below. The project coordinator will be supported by

a team of highly-experienced technical assistance staff from the Center, as well as staff from the court system's Office of Policy and Planning and representatives from OASAS, including the Associate Commissioner of Treatment. The court system and OASAS have worked collaboratively since 1995 to develop effective practices for drug courts and to deliver comprehensive cross-training to addiction and justice professionals that combines the most recent evidence-based findings regarding criminal thinking and substance use disorder treatment. Further information about the collaboration between the court system and OASAS can be found in the Capabilities and Competencies section.

GOAL #1: Expand access to evidence-based treatment interventions at the OASAS-licensed treatment pilot sites. OASAS has identified several potential areas of focus for the expansion of telehealth services: trauma-specific interventions (such as Seeking Safety), Moral Reconation Therapy, treatment for co-occurring disorders, Dialectical Behavior Therapy, and psychiatric services. Each of these services has been shown to be critically important for court-involved individuals with opioid use disorders:

- *Trauma-specific interventions*: Several prominent studies demonstrate a powerful correlation between multiple traumatic childhood experiences and substance abuse during adulthood.[12] More recent studies have shown a specific correlation between adverse childhood experiences and opioid addiction.[13] The most effective opioid treatment programs include trauma-specific interventions led by providers with specialized trauma training such as Seeking Safety—an evidence-based intervention designed for those suffering from addiction and trauma. Seeking Safety can be conducted in group (any size) or individually.

- *Moral Reconation Therapy (MRT)*: MRT is an evidence-based, cognitive-behavioral

[12] Centers for Disease Control and Prevention, Kaiser ACE Study https://www.cdc.gov/violenceprevention/acestudy/
[13] Campaign for Trauma Informed Policy & Practice https://ctipp.org/

approach that combines elements from a variety of psychological traditions to address criminal thinking and achieve behavioral growth. In MRT, facilitated peer-led groups use structured exercises and prescribed homework assignments. The program takes a minimum of three months to complete. Several studies have shown MRT to be effective at reducing recidivism.[14]

- *Dialectical Behavior Therapy (DBT)*: is a cognitive behavioral treatment that emphasizes individual psychotherapy and group skills classes to help people learn and use new skills and strategies to develop a life that they experience as worth living. DBT skills include mindfulness, emotion regulation, distress tolerance, and interpersonal effectiveness. Studies show DBT to be effective at reducing use, especially for those with co-occurring mental health disorders.[15]

- *Psychiatric services*: According to the Substance Abuse and Mental Health Services Administration, those with a mental health disorder are more likely to experience a substance use disorder and vice versa. About 45% of Americans seeking substance use disorder treatment have been diagnosed as having a co-occurring mental and substance use disorders.[16] Therefore, cross-collaboration among substance use disorder treatment providers and mental health providers is key to recovery. Integrated treatment or treatment that addresses mental health and substance use conditions at the same time is associated with lower costs and better outcomes such as reduced substance use, improved psychiatric symptoms and functioning, and fewer arrests.[17]

Because of the highly specialized nature of these evidence-based interventions, OASAS treatment facilities located in rural areas often do not have the capacity to provide these services.

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[14] Moral Reconation Therapy, Meta-Analysis of MRT, Little, *Advanced Training Institutes*, https://www.moral-reconation-therapy.com/Resources/metaMRTprob.pdf

[15] Dimeff, L. A., & Linehan, M. M. (2008). Dialectical Behavior Therapy for Substance Abusers. Addiction Science & Clinical Practice, 4(2), 39–47. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2797106/

[16] Substance Abuse and Mental Health Services Administration, The National Survey of Substance Abuse Treatment Services (N-SSATS) https://wwwdasis.samhsa.gov/dasis2/nssats.htm

[17] Substance Abuse and Mental Health Services Administration, Behavioral Health Treatment and Services https://www.samhsa.gov/treatment

Video-conferencing options will enable the selected treatment facilities to offer live, interactive, group and individual counseling sessions led by qualified practitioners located remotely.

Objective 1A: Conduct a treatment services needs assessment at each pilot site. The project coordinator, with the assistance of the court system, OASAS, and other Center for Court Innovation staff, will lead a needs assessment at Samaritan Village, Phoenix Houses, and Cazenovia to identify the needs of the communities and the sites' capacities to delivery evidence-based treatment services to the criminal justice-involved, opioid using population. Through an online survey, interviews with key personnel at each site, and analysis of available data, the project coordinator will create a report for each site identifying frequency and capacity of available services, services that are unavailable or available on a limited basis, and the capacity of the facility to expand its menu of services. The project coordinator will also interview staff at drug courts in the surrounding counties to identify needed treatment services. The emphasis of the needs assessment will be on trauma-specific interventions (such as Seeking Safety), MRT, DBT, and psychiatric services. Needs assessment reports will be shared with pilot sites and project partners.

Objective 1B: Facilitate teleservices planning sessions at each of the three selected OASAS treatment facilities. The project coordinator, in collaboration with the court system, OASAS, and other Center staff, will convene onsite and remote planning sessions with Samaritan Village, Phoenix House, and Cazenovia. The sessions will begin with a review of the needs assessments (described above) in order to determine which services will be the focus of the teleservices expansion at each site, how these new services will be delivered (i.e., in a group, individually, or both), and on what scale. Other agenda items will include infrastructure elements, such as suitable rooms for delivery of remote sessions, and policies to support teleservices, including coordinating the use of equipment for remote treatment. The project coordinator will create a planning document

to be circulated to all parties to guide next steps.

Objective 1C: Select specialized providers to deliver remote treatment services. The court system, in collaboration with the project coordinator, will coordinate with OASAS and the pilot sites to identify qualified treatment providers who are trained in the identified treatment services. OASAS will ensure that selected providers meet regulatory criteria for delivering remote treatment in New York. Out-of-state providers may also be considered for this initiative. OASAS staff will support providers in obtaining certification or licensing credentials for practice in the state. The project coordinator will work with OASAS to create a directory of qualified remote treatment providers. OASAS and the pilot sites will select at least one provider per site to offer expanded specialized services to the opioid using population at each facility.

Objective 1D: Assess and improve technology and infrastructure needs and ensure compliance with federal privacy laws. Court system and Center technology experts will coordinate with the treatment facilities and the identified providers to determine technology needs for video conference-based tele-practice. This will include assessing hardware, software, and internet capabilities, and ensuring suitable physical spaces for delivering and receiving remote treatment. Where necessary, project staff will recommend new equipment and software licenses for the pilot sites and providers to facilitate evidence-based tele-practice. Using funding from this grant, the court system will procure and install necessary enhancements and will work with the Center to train facilities and providers on the use of new equipment and software—including working with technology vendors, if applicable, and providing training manuals. The Center will work with OASAS to issue recommendations to ensure that proposed projects are in compliance with the recently revised 42 CFR Part 2, as well as state privacy laws.

Objective 1E: Support implementation of tele-practice projects through ongoing remote

and onsite technical assistance. Drug courts, including the new wave of opioid courts, rely on OASAS treatment facilities to provide a wide range of evidence-based treatment to court participants. The court system, in collaboration with the project coordinator, will assist OASAS and the three pilot treatment facilities in launching their specialized treatment teleservices programs. The Center will provide on-site and remote assistance to support implementation of the planning documents, including facilitating meetings with project partners to discuss implementation challenges and identify solutions, advise on confidentiality and privacy issues, and provide guidance on teleservices best practices. Throughout the project period, the court system and the Center will be in regular contact with OASAS, the pilot facilities, and the remote providers to deliver technical assistance by videoconference, webinar, telephone, and email.

Objective 1F: **Support action research, monitoring, and evaluation to ensure ongoing project improvements.** Court system and Center researchers will coordinate with OASAS and the pilot sites to develop monitoring and evaluation strategies to measure the success of the proposed tele-practice initiatives according to the performance measures outlined in the performance measurements section. OASAS may also gather feedback from participants receiving teleservices. The project coordinator will work with OASAS to continuously analyze performance data and make course corrections to ensure ongoing project improvements.

GOAL #2: Establish video connections at the pilot sites so that court-mandated individuals enrolled in residential treatment programs may appear remotely for court hearings. In 2017, Samaritan Village, Phoenix Houses, and Cazenovia received 1,322 residential treatment referrals from adult drug courts. With the rapid proliferation of opioid courts, this number is expected to rise. The court system and the Center will implement remote judicial monitoring systems so that participants can benefit from evidence-based judicial monitoring

without disrupting treatment.

Objective 2A: Identify adult drug courts and opioid courts that refer participants to each of the three treatment facilities. The court system, with the assistance of the Center and OASAS, will analyze referral data from the three pilot facilities to determine which drug courts or opioid courts frequently refer opioid-using participants for residential treatment. Project staff will then survey the referring courts to identify those most in need of remote judicial monitoring solutions, based on number of referrals and distance to the treatment facility. The project coordinator will work with the selected drug court teams to gather information about the schedule and protocol for court appearances and will communicate with the local defense bar to discuss potential challenges with remote judicial monitoring from a defense perspective. Finally, the project coordinator will identify points of contact at the treatment facilities and drug courts for implementation purposes and will facilitate communication between the parties.

Objective 2B: Facilitate planning sessions between identified courts and the pilot treatment sites. The court system, with the assistance of the Center and OASAS, will facilitate planning sessions between treatment facility staff and the referring drug or opioid courts to establish protocols for remote judicial monitoring. Through these facilitated sessions, court teams and treatment facilities will determine which participants will be eligible for remote judicial monitoring and under what conditions, establish well-defined communication protocols, and identify the people responsible for operating the systems on either end. The project coordinator will create planning documents outlining remote monitoring procedures, and assist courts in amending participant contracts and policies and procedures manuals if appropriate.

Objective 2C: Assess and improve technology and infrastructure needs at the treatment facilities and courthouses and ensure compliance with federal privacy law. As in Goal #1,

court system and Center technology experts will work with the treatment facilities and the courthouses to assess existing video technology infrastructure. All courthouses have access to video monitors, cameras, and Skype for Business™, but technology staff will assess the quality of hardware and internet service in order to determine if improvements need to be made to enable clear, meaningful communication between the participant and the judge. Center technology staff will recommend appropriate software for remote judicial monitoring, taking into account security, accessibility, and ease of use. The court system will procure and install necessary equipment and software and will work with the Center to train technology users.

Center staff will assess physical infrastructure to ensure privacy and procedural justice considerations are met. The project coordinator will work with site staff to ensure a private area at the treatment facility for remote linkage to the courtroom, as well as access to private space at the courthouse for private video- or phone-based communication with defense counsel should the need arise. Center staff will also conduct trainings with drug court teams to ensure that remote monitoring is used in a way that promotes effective courtroom communication and promotes the Drug Court Ten Key Components and the Adult Drug Court Best Practice Standards.

Objective 2D: Support implementation of remote judicial monitoring projects through ongoing remote and onsite technical assistance. The court system, in collaboration with the project coordinator, will assist Samaritan Village, Phoenix Houses, and Cazenovia and the selected drug and opioid courts in launching their remote judicial monitoring programs. As in Goal #1, the Center will provide on-site and remote assistance to support implementation of the planning documents. For this goal, the focus of the Center's technical assistance will be on federal confidentiality law compliance, legal issues related to access to counsel, and enhancing fidelity to teleservices best practices.

Objective 2E: Support action research, monitoring, and evaluation to ensure ongoing project improvements. The court system and Center researchers will coordinate with project partners to develop monitoring and evaluation strategies to measure the success of the proposed tele-practice initiatives. Where possible, OASAS will gather feedback from participants involved in remote judicial monitoring. The project coordinator will work with project staff to analyze performance data and to make course corrections to ensure ongoing project improvements.

GOAL #3: Enhance New York State opioid courts by using technology to link participants to licensed medical professionals for immediate assessment and induction of MAT where appropriate. Under the direction of the Chief Administrative Judge, New York is working to expand its groundbreaking Buffalo opioid court model. Suffolk, Oswego, and Kings counties, among others, are all in the pre-planning stages of opening an opioid court, with many more expected to launch in the coming years. A defining feature of opioid courts is the immediacy of treatment engagement post-arrest and the availability of MAT to all in need. The court system, with the assistance of the Center and the support of OASAS, will use technology to bring MAT within reach of all opioid court participants, regardless of their physical location.

Objective 3A: Identify three opioid courts in need of remote access to MAT prescribers. The court system, with the assistance of the Center, will identify and survey all opioid courts statewide to assess the availability of MAT providers in their jurisdictions. Up to three opioid courts will be selected—based on demonstrated need and rural location—to receive technology-based access to MAT providers. Each of the pilot treatment facilities will partner with one opioid or drug court in a rural county in their service area to facilitate the provision of remote MAT services and will bring at least one MAT provider on board to meet demand.

Objective 3B: Identify licensed MAT prescribers to provide services to opioid court

participants. The project coordinator will work with OASAS to identify a roster of licensed MAT prescribers to serve the opioid courts via secure, video-conferencing technology. Prescribers must be designated—or willing to become designated—by OASAS to engage in tele-practice.[18] Selected prescribers may be based at an outpatient substance use clinic or at a private clinic as a contracted physician, and must be available to dedicate sufficient time to the opioid courts to ensure that all eligible participants are assessed within 24-48 hours of arrest. Once assessed and inducted, participants can obtain their prescription at a local pharmacy.

Objective 3C: Facilitate planning meetings with multidisciplinary committee of project planners. The court system, with the assistance of the Center, will assemble project planning committees at each of the selected opioid courts. Committees will include the drug or opioid court team, treatment representatives, identified MAT prescribers, and corrections, law enforcement, pre-trial, or jail staff depending on the needs of the jurisdiction. The project coordinator will facilitate on-site planning sessions at each court to establish protocols for immediate, remote MAT assessment and induction/monitoring of all drug or opioid court participants. Customized processes will be developed for each court. Participants will be able to access prescribers remotely from the courthouse or the treatment facility. The project coordinator will create a planning document for each court to outline the process for project partners.

Objective 3D: Assess and improve technology and infrastructure needs at the opioid courts and the prescribers' offices and ensure compliance with federal privacy law. The court system and Center technology experts will work with the treatment facilities, the courthouses, and the MAT providers to assess and improve existing video technology infrastructure. Where necessary, the court will provide MAT physicians with equipment and software at their offices.

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[18] OASAS defines *tele-practice* as "the use of two-way real time- interactive audio and video equipment to provide and support certain addiction care at a distance."

Objective 3E: Support implementation of MAT technology projects through ongoing remote and onsite technical assistance. The court system, in collaboration with the project coordinator, will assist the opioid courts and the MAT prescribers in launching their remote medication induction and monitoring programs. As in Goals #1 and #2, the Center will provide technical assistance throughout the duration of the project.

Objective 3F: Support action research, monitoring, and evaluation to ensure ongoing project improvements. The court system and Center researchers will coordinate with OASAS, the courts, and the prescribers to develop monitoring and evaluation strategies to measure the success of the proposed MAT initiatives, analyze data, and make course corrections on an ongoing basis.

GOAL #4: Educate the field about technology-based solutions to the opioid epidemic. The Center is a national leader in developing training materials for criminal justice practitioners.

Objective 4A: Develop training materials and presentations. The Center will develop materials to educate the field about using remote technology to improve treatment, judicial monitoring and MAT induction. Publications will include detailed descriptions of the projects under all three goals of the Opioid Reduction Teleservices Initiative as well as analysis and documentation of legal and ethical issues that arise in implementation. The project coordinator will also pursue opportunities to present at state and national conferences to train counsel and judges on remote technology-related legal and operational issues.

C. CAPABILITIES AND COMPETENCIES

The *New York State Opioid Reduction Teleservices Program* will be coordinated and implemented jointly by the New York State Unified Court System and the Center for Court Innovation, with support from the New York State Office of Alcoholism and Substance Abuse

Services—two agencies with experience providing services to rural communities. Project staff will also work closely with BJA's designated TTA provider(s) and any evaluators assigned in future years. The court system, Center, and OASAS have worked together for more than 20 years on developing, enhancing, and researching drug courts, and providing training for justice system practitioners on issues such as evidence-based treatment and MAT.

NYS Unified Court System: As the court system's primary policymaking body, the Office of Policy and Planning (OPP) works with judges statewide to study and develop new strategies to improve the delivery of justice. In addition, OPP provides guidance, support, and comprehensive training to problem-solving courts statewide. The New York State Unified Court System Division of Professional and Court Services will administer the grant and ensure compliance with all fiscal and programmatic requirements. The Division has been successful in managing grants for nearly 20 years. The Office of Court Administration's Grants and Contracts unit is responsible for the fiscal management and programmatic oversight of federal grant projects. The Grants and Contracts Office is tasked with ensuring that each grant-funded project in the state is on track to achieve stated goals and objectives and is fulfilling grant obligations including hiring, contracting with sub-recipients and vendors, and correctly reporting and monitoring expenditures. This office will be responsible for the administrative, financial and programmatic requirements of this grant.

is the Statewide Drug Court Coordinator for the court system's Office of Policy and Planning and will lead the court system's implementation of this project. reports directly to of the Office of Policy and Planning. On this project, will oversee all policy and operational decisions. Detailed bios for project staff who report to re included in the budget narrative.

Center for Court Innovation: The Center is uniquely qualified to lead the planning and

implementation aspects of this project and advise on technology issues. The Center is a leader in implementing technology-based programs in rural jurisdictions to enhance drug courts through remote judicial monitoring and treatment services. The Center has led teleservices initiatives in Montana, Idaho, and West Virginia, and is leading a technology-based MAT project in Ohio. The Center has published two widely received papers on the topic: "The Future is Now, Enhancing Drug Court Operations Through Technology" and "Teleservices: Happening Now! Using Technology to Enhance Drug Treatment Courts." The Center is also a leader in opioid- and MAT-related research and service delivery. The Center partnered with the court system on the BJA-funded *New York Medication Assisted Treatment Initiative* (grant 2012-DC-BX-0012), which included the delivery of regional MAT training sessions to nearly 300 New York State drug court practitioners, as well as the 2015 practitioner monograph "Medication Assisted Treatment in Drug Courts: Recommended Strategies," in partnership with the Legal Action Center. The Center operates the groundbreaking Overdose Avoidance and Recovery program for opioid users in Bronx County in New York City, a model which is being replicated city-wide.

The Center has served as the court system's primary partner in many statewide problem-solving court initiatives. For the past 14 years, its drug court staff has led the New York drug court training effort; conducted trainings for nearly 100 jurisdictions; and trained several hundred judges, attorneys, treatment providers, and other drug court professionals. The Center is also the national training and technical assistance (TTA) provider for BJA's State-Based Adult Drug Court Program, providing TTA to state-level drug court systems nationwide. Major TTA topics include addressing the opioid crisis, training justice system practitioners in evidence-based practices, building effective partnerships with community-based treatment providers and other partners, enhancing data collection and evaluation, and teleservices.

The Center will hire the project coordinator, who will spend 100% of their time managing the day to day operations of this project, including leading needs assessments with each of the selected treatment facilities and courts, facilitating planning sessions with all key partners, helping to design each site's implementation strategy, convening regular stakeholder implementation meetings, monitoring each site's success, working with sites to overcome challenges, and collecting and reporting project data. Please see the attached job description.

OASAS: Since 1995, the court system has collaborated with OASAS with the joint mission of demonstrating that treatment is an effective and cost-beneficial tool for increasing public safety and decreasing criminal recidivism rates. This collaboration has proven effective in increasing the number of treatment participants with criminal justice involvement in OASAS-certified outpatient and residential treatment programs and in significantly improving program retention and completion rates. The court system and OASAS have collaborated in the development of an effective practices document for drug courts, as well as the development of a comprehensive cross-training curriculum for addiction and justice professionals that combines the most recent evidence-based findings regarding criminal thinking and substance use disorder treatment. OASAS will play a key role in liaising with treatment centers, identifying qualified remote treatment providers, and helping providers obtain tele-practice certification.

D. Plan for Collecting the Data Required for this Solicitation's Performance Measures

Performance of all *Opioid Reduction Teleservices Program* initiatives will be managed and evaluated by the court system and Center staff. With assistance from the court system and OASAS, the Center will collect and report on the following performance measures:

Remote treatment performance measures: The number of: providers, treatment interventions delivered, OASAS participants accessing remote treatment, of court participants accessing remote

treatment, of participants achieving sobriety and treatment retention Judicial monitoring performance measures: The number of: court participants making court appearances via videoconference, of courts participating in the pilot and treatment retention rates Remote MAT performance measures: The number of court participants seen by physician remotely, linked to MAT, success rates of those receiving remote MAT

The court system has successfully administered numerous prior BJA grants, including statewide drug court enhancement grants. The court system will collect and report on all BJA performance measures, including aggregate client-level performance and outcome data. Additionally, the Center currently has several grants funded by BJA and other DOJ offices, including NIJ, COPS, OVW, and OVC, and staff are familiar with all reporting procedures and deadlines. Center staff will work with staff at each court site to generate reports detailing relevant performance indicators, and will submit quarterly PMT reports to BJA.

Project sustainability: The court system and the Center have a long history of working together to implement sustained innovations in criminal justice. The Midtown Community Court, Red Hook Community Justice Center, and Brooklyn Treatment Court serve as examples of federally funded projects that have endured long after federal funding ended. The court system has a drug court management team in place that is well-positioned to sustain precisely the kind of statewide enhancement proposed. The Office of Policy and Planning will ensure ongoing statewide coordination of the strategic planning process, as well as adoption of recommendations after the completion of the proposed pilot program.